

1135

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Cochise</u>	BUREAU OF VITAL STATISTICS		
District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH		
Town of _____	State Index No. <u>134</u>		
or _____	County Registrar No. <u>628</u>		
City of _____	Local Registrar No. _____		
2. Full name of child <u>Donna Valdez</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child <u>Female</u>	4. Twin, triplet or other _____	5. Legitimate? <u>Yes</u>	6. Date of birth <u>Aug 10-1924</u>
To be answered ONLY in event of plural births.	5. No., in order of birth _____	7. Date of birth _____	Month day year
8. FATHER		14. MOTHER	
Full name <u>Aurelio Valdez</u>		Full maiden name <u>Cesaria Carbajal</u>	
9. Residence (Usual place of abode) <u>Warrior Canyon</u>		15. Residence (Usual place of abode) <u>Warrior Canyon</u>	
If nonresident, give place and state <u>Lower Miami</u>		If nonresident, give place and state <u>Lower Miami</u>	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>32</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>Mexico</u>	(State or country)	18. Birthplace (city or place) <u>Mexico</u>	(State or country)
13. Occupation <u>Laborer</u>	Nature of industry	19. Occupation <u>House wife</u>	Nature of industry
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(Taken as of time of birth of child herein certified and including this child.)		(a) Born alive and now living <u>7</u>	
(b) Born alive but now dead <u>2</u>		(c) Stillborn <u>2</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at <u>2 P.</u> m. on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>P. J. Sotomayor</u>	
Given name added from a supplemental report _____		Address _____	
Month, day, year. _____		Filed <u>Aug 31</u> 19 <u>24</u>	
Registrar. _____		Filed <u>9-3-24</u> 19 <u>24</u>	
		Local Registrar. <u>P. J. Sotomayor</u>	
		County Registrar. _____	

359-810-333